

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
MAY 08 2015  
Bayfield Co. Zoning Dept.

Permit #: 15-0134  
Date: 5-13-15  
Amount Paid: \$755.13-15  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: James & Patricia MacFarlane Mailing Address: Bedford, WI City/State/Zip: Baldwin WI, 54002 Telephone: 608-886-5002  
Address of Property: 21720 Alueberry Lane City/State/Zip: CONACOPIN  
Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_  
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 2 Lot(s) 2 CSM Vol & Page 12-73 Lot(s) No. 12-73 Block(s) No. 12-73 Subdivision: 51skw, 1 Bay  
Section 33, Township 51 N, Range 6 W Town of Bel Lot Size \_\_\_\_\_ Acreage 3

Legal Description: (Use Tax Statement) 04- 010-2-51-06-331-05008 PIN: (23 digits) 010-2-51-06-331-05008 Recorded Document: (i.e. Property Ownership) 910 Page(s) 786

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes--continue ☒ Distance Structure is from Shoreline: 400 feet  
☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue ☐ Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property in Floodplain Zone? ☒ Yes ☐ No Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion \* include donated time & material \$10,000

| Project  | # of Stories and/or basement                | Use  | # of bedrooms                            | What Type of Sewer/Sanitary System is on the property?                                    | Water  |
|--|---|--|--|---|--|
| <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Seasonal | <input type="checkbox"/> 1               | <input checked="" type="checkbox"/> Municipal/City  | <input type="checkbox"/> City                                |
| <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Year Round          | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary   | Specify Type: _____ <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/> _____               | <input type="checkbox"/> 3               | <input type="checkbox"/> Sanitary (Exists)  | Specify Type: _____ <input type="checkbox"/> _____           |
| <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement           | <input type="checkbox"/> _____               | <input type="checkbox"/> _____           | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement        | <input type="checkbox"/> _____               | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> _____                       | <input type="checkbox"/> Foundation         | <input type="checkbox"/> _____               | <input type="checkbox"/> _____           | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> _____                       | <input type="checkbox"/> _____              | <input type="checkbox"/> _____               | <input checked="" type="checkbox"/> None | <input checked="" type="checkbox"/> None  | <input type="checkbox"/> _____                               |

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
Proposed Construction: Length: 24' Width: 24' Height: 15'

| Proposed Use  | Proposed Structure   | Dimensions  | Square Footage |
|---|--|---|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property)   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | with Loft  | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | with a Porch   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | with (2 <sup>nd</sup> ) Porch  | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | with a Deck  | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | with (2 <sup>nd</sup> ) Deck   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
| <input type="checkbox"/> Commercial Use             | with Attached Garage   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | Mobile Home (manufactured date) _____  | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/> Addition/Alteration (specify) _____   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | Accessory Building (specify) <u>STORAGE STRUCTURE</u>  | ( <u>24 x 24</u> )                                      | <u>576</u>     |
|   | Accessory Building Addition/Alteration (specify) _____   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | Special Use: (explain) _____   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | Conditional Use: (explain) _____   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |
|   | Other: (explain) _____   | ( <input type="checkbox"/> X <input type="checkbox"/> ) |                |

Rec'd for Issue MAY 12 2015

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James & Patricia MacFarlane Date 5/8/2015  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(3) Show location of (\*): All Existing Structures on your Property  
(4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%  
(7) Show any (\*):

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high-water mark) | 400 Feet    |
| Setback from the Established Right-of-Way   | 100 Feet    | Setback from the River, Stream, Creek            | Feet        |
| Setback from the North Lot Line             | 400 Feet    | Setback from the Bank or Bluff                   | Feet        |
| Setback from the South Lot Line             | 100 Feet    | Setback from Wetland                             | ± 25 Feet   |
| Setback from the West Lot Line              | 30 Feet     | 20% Slope Area on property                       | Yes No      |
| Setback from the East Lot Line              | 1.35 Feet   | Elevation of Floodplain                          | Feet        |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | Feet        |
| Setback to Drain Field                      | Feet        |  |             |
| Setback to Privy (Portable, Composting)     | Feet        |  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

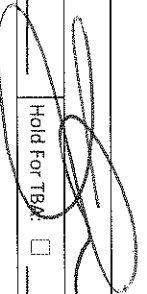
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

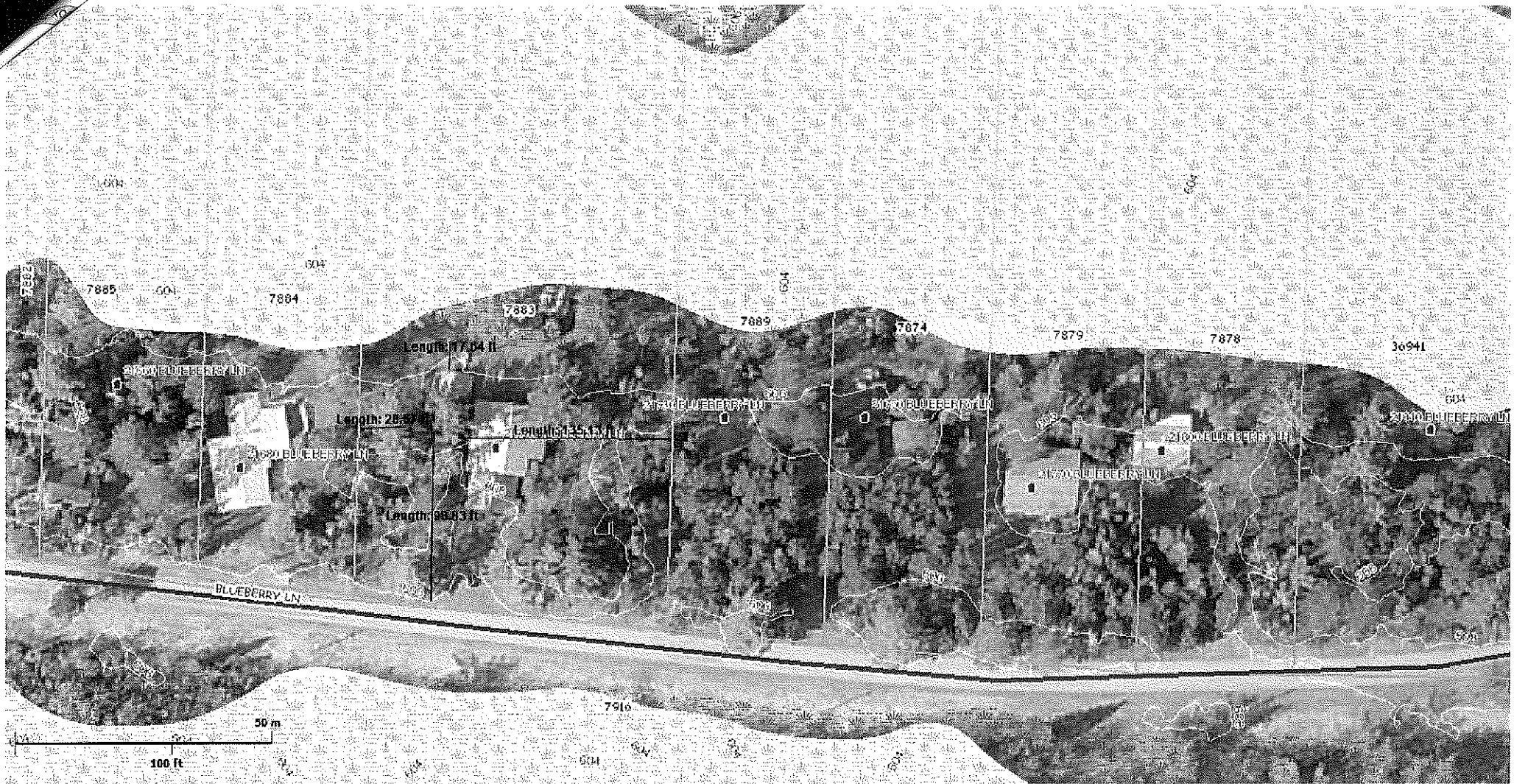
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |  |   |   |                          |
|--|--|---|---|--------------------------|
| <b>Issuance Information (County Use Only)</b>  |  | Sanitary Number: <u>none</u>  | # of bedrooms:  | Sanitary Date:           |
| Permit Denied (Date):  | Reason for Denial:   |   |   |                          |
| Permit #: <u>15-0134</u>   | Permit Date: <u>5-13-15</u>  |   |   |                          |
| Is Parcel a Sub-Standard Lot<br>Is Parcel In Common Ownership<br>Is Structure Non-Conforming<br>Granted by Variance (B.O.A.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       | <input type="checkbox"/> Yes (Deed of Record)<br><input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Case #: | Mitigation Required<br>Mitigation Attached<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required<br>Affidavit Attached<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |
| Was Parcel Legally Created<br>Was Proposed Building Site Delineated<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Were Property Lines Represented by Owner<br>Was Property Surveyed<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |                          |
| Inspection Record: <u>to be with approp from monument found</u><br><u>2 properties away - owner on site to represent project</u><br>Date of inspection: <u>5-11-15</u>   |  | Zoning District (R413)<br>Lakes Classification (1-Suburban)<br>Date of Re-Inspection:                             |   |                          |
| Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>(If No they need to be attached.)</u><br><u>Building shall not be used for septic purposes.</u> |  |   |   |                          |
| Signature of Inspector:    |  | Date of Approval: <u>5-11-15</u>  |   |                          |
| Hold For Sanitary: <input type="checkbox"/>  | Hold For TBA: <input type="checkbox"/>   | Hold For Affidavit: <input type="checkbox"/>  | Hold For Fees: <input type="checkbox"/>   | <input type="checkbox"/> |

# Old County, WI



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*attachment*

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
MAY 04 2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 15-0135  
Date: 5-13-15  
Amount Paid: \$175  
Refund: 5-13-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|   |  |   |                                   |   |  |   |   |                                |
|---|--|---|-----------------------------------|---|--|---|---|--------------------------------|
| TYPE OF PERMIT REQUESTED →  |  | <input type="checkbox"/> LAND USE   | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY            | <input type="checkbox"/> CONDITIONAL USE   | <input type="checkbox"/> SPECIAL USE  | <input type="checkbox"/> B.O.A.   | <input type="checkbox"/> OTHER |
| Owner's Name:   |  | Bruce & Meta Rose Granger 29 Oakfield Dr Camp Douglas   |                                   |   |  | Telephone: 57618 608-1273584  |   |                                |
| Address of Property:  |  | 888465 Lake View Dr   |                                   |   |  | City/State/Zip: Cornucopia WI 54821   |   |                                |
| Contractor:   |  | Rudie Construction  |                                   |   |  | Contractor Phone: 715-853 3100  |   |                                |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))                                    |  | Agent Phone:  |                                   |   |  | Plumber: 3100   |   |                                |
|   |  | Agent Mailing Address (Include City/State/Zip):   |                                   |   |  | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                |
| PROJECT LOCATION  |  | Legal Description: (Use Tax Statement)  |                                   | PIN: (23 digits) 04-010-251-06-35-204 000 |  | Recorded Document: (i.e. Property Ownership) Volume 621 Page(s) 94                      |   |                                |
| 3E 1/4 NW 1/4   |  | Gov't Lot   | Lot(s)                            | CSM                                       | Vol & Page                                 | Lot(s) No.  | Block(s) No.  | Subdivision:                   |
| Section 35, Township 51 N, Range 04 W   |  |   |                                   |   |  |   |   | Lot Size 6.010 Acreage 6.010   |
| Shoreland →   |  | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue → |                                   |   | Distance Structure is from Shoreline: feet |   | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |
| <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → |  |   |                                   |   | Distance Structure is from Shoreline: feet |   | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No           |                                |
| <input checked="" type="checkbox"/> Non-Shoreland   |  |   |                                   |   |  |   |   |                                |

|   |  |   |  |                            |  |  |
|---|--|---|--|----------------------------|--|--|
| Value at Time of Completion * include donated time & material | Project  | # of Stories and/or basement                | Use  | # of bedrooms              | What Type of Sewer/Sanitary System Is on the property?                 | Water                                    |
| \$18,000  | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City                                | <input type="checkbox"/> City            |
|   | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary                                | <input checked="" type="checkbox"/> Well |
|   | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/>                       | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT |  |
|   | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement           |  |                            | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)       |  |
|   | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement        |  |                            | <input type="checkbox"/> Portable (w/service contract)                 |  |
|   |  | <input type="checkbox"/> Foundation         |  |                            | <input type="checkbox"/> Compost Toilet                                |  |
|   |  |   |  |                            | <input type="checkbox"/> None  |  |

|   |             |            |             |
|---|-------------|------------|-------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 28' | Width: 24' | Height: 12' |
| Proposed Construction: Garage                                       |             |            |             |

|                                     |   |             |                |
|-------------------------------------|---|-------------|----------------|
| Proposed Use                        | Proposed Structure  | Dimensions  | Square Footage |
| <input checked="" type="checkbox"/> | Principal Structure (first structure on property)   | ( ) X )     |                |
| <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)   | ( ) X )     |                |
| <input type="checkbox"/>            | with Loft   | ( ) X )     |                |
| <input type="checkbox"/>            | with a Porch  | ( ) X )     |                |
| <input type="checkbox"/>            | with (2nd) Porch  | ( ) X )     |                |
| <input type="checkbox"/>            | with a Deck   | ( ) X )     |                |
| <input type="checkbox"/>            | with (2nd) Deck   | ( ) X )     |                |
| <input type="checkbox"/>            | with Attached Garage  | ( ) X )     |                |
| <input type="checkbox"/>            | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) | ( ) X )     |                |
| <input type="checkbox"/>            | Mobile Home (manufactured date)   | ( ) X )     |                |
| <input type="checkbox"/>            | Addition/Alteration (specify)   | ( ) X )     |                |
| <input checked="" type="checkbox"/> | Accessory Building (specify) Garage   | ( 24 X 28 ) | 672            |
| <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify)  | ( ) X )     |                |
| Rec'd for Issuance                  | Special Use: (explain)  | ( ) X )     |                |
|                                     | Conditional Use: (explain)  | ( ) X )     |                |
| MAY 12 2015                         | Other: (explain)  | ( ) X )     |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
Social and Planning (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Bruce & Granger Meta Rose Granger Date 4-21-15  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

Address to send permit: If you recently purchased the property send your Recorded Deed

CONFIRMING ADDRESS w/ Emergency Management APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



